

## Appendix D: Participant-Centered Planning and Service Delivery

### D-1: Service Plan Development

State Participant-Centered Service Plan Title:

Individual Support Plan, hereafter referred to as service plan.

- a. Responsibility for Service Plan Development.** Per 42 CFR §441.301(b)(2), specify who is responsible for the development of the service plan and the qualifications of these individuals (*select each that applies*):

☒ **Case Manager.** *Specify qualifications:*

A Service Coordinator (SC) or Community Coordinator Specialist (CCS) (case manager) is responsible to coordinate and oversee the delivery of effective services for participants through assessment, service plan development, referral, and monitoring activities. The SC/CCS makes referrals and coordinates related activities to help a participant obtain needed habilitation services, medical, social, educational providers, or other programs and services, and may make referrals to providers for needed services and schedule appointments for the participant. The SC/CCS completes monitoring and follow-up activities with the participant, family members, providers, or other entities to ensure that the service plan is effectively implemented and adequately addresses the needs of the participant, and whether there are changes in the needs or status of the participant that warrant making necessary adjustments in the service plan and service arrangements with providers. The SC/CCS serves as a liaison for the participant and family with service providers and the community. SC and CCS services are provided as Targeted Case Management under the Medicaid State Plan. The responsibilities for service plan development, implementation, and monitoring are the same for the SC and CCS.

The qualifications of a SC are as follows:

1. Bachelor's Degree required in: education, psychology, social work, sociology, or human services, or a related field.
2. Experience in services or programs for persons with intellectual or other developmental disabilities.
3. Ability to: mobilize resources to meet individual needs; communicate effectively to exchange information; develop working relationships with individuals with intellectual or developmental disabilities, their families, interdisciplinary team members, agency representatives, and individuals or advocacy groups; analyze behavioral data; monitor services and supports provided; apply Department of Health and Human Services (DHHS) and program rules, policies, and procedures; and organize, evaluate and address program/operational data.
4. Knowledge of: current practices in the field of community-based services for persons with intellectual disabilities and other developmental disabilities; person-centered planning; Americans with Disability Act (ADA) standards; self-direction; community integration; the principles of social role valorization; provision of habilitation services; positive behavioral supports; and, statutes and regulations pertaining to delivery of services for individuals with developmental disabilities.

5. Knowledge of: the program resources/services available in Nebraska for persons with intellectual and other developmental disabilities; the objectives, philosophies, and functions of the Division of Developmental Disabilities (DDD); regulations governing the authorization, delivery of, and payment of community-based developmental disabilities services; Department of Education regulations; State statutes regarding persons with disabilities; and DHHS programs, such as Protection and Safety and public assistance programs.

The qualifications of a CCS are as follows:

1. Bachelor's degree in: education, psychology, social work, sociology, human services, or a related field.
2. Experience in services or programs for persons with intellectual or other developmental disabilities.
3. Ability to: mobilize resources to meet individual needs; communicate effectively to exchange information; develop working relationships with individuals with intellectual or developmental disabilities, their families, interdisciplinary team members, agency representatives, and individuals or advocacy groups; analyze behavioral data; monitor services and supports provided; apply Department of Health and Human Services (DHHS) and program rules, policies, and procedures; and organize, evaluate and address program/operational data.
4. Ability to: assess the needs of persons with intellectual or other developmental disabilities; evaluate assessments; determine eligibility of individuals; develop and assess individual program plans and individual family support plans; adjust services as needed; mobilize resources to meet individual needs; interact and communicate with federal surveyors, other regulatory bodies and others in person via telephone, electronically, and written correspondence to exchange information and to respond to information requests; report non-compliance to appropriate agencies; develop working relationships with individuals with intellectual or developmental disabilities, their families and guardians, interdisciplinary team members, agency representatives, and individuals or advocacy groups; analyze behavioral data; conduct formal assessments; monitor services provided; apply agency and program rules, policies, and procedures; think critically; and, organize, prioritize, evaluate and address program/operational data.
5. Knowledge of: current practices in the field of community-based services for persons with intellectual disabilities and other services for persons with developmental disabilities; person-centered program planning; basic medical terminology; the principles of social role valorization; provision of habilitation services; and positive behavioral support techniques.
6. Knowledge of: the program resources/services available in Nebraska for persons with intellectual and other developmental disabilities; the objectives, philosophies, and functions of the Division of Developmental Disabilities; regulations governing the authorization, delivery and payment of community-based developmental disabilities services; Department of Education regulations; State statutes regarding persons with disabilities; and DHHS programs, such as Protection and Safety and public assistance programs.

**b. Service Plan Development Safeguards.** *Select one:*

☒ Entities and/or individuals that have responsibility for service plan development may not provide other direct waiver services to the participant.

☐ Entities and/or individuals that have responsibility for service plan development may provide other direct waiver services to the participant.

**c. Supporting the Participant in Service Plan Development.** Specify: (a) the supports and information that are made available to the participant (and/or family or legal representative, as appropriate) to direct and be actively engaged in the service plan development process and (b) the participant's authority to determine who is included in the process.

The participant's SC or CCS provides support to the participant to actively lead in the development of their service plan. The participant also has the option to direct their service coordinator to facilitate the service plan development meeting so that the participant may actively participate as a team member.

- a) The supports and written information that are made available to the participant (and/or family or legal representative, as appropriate) to direct and be actively engaged in the service plan development process.

Prior to the ISP meeting(s), the Service Coordinator works with the participant to coordinate invitations and ISP/Annual Review meetings, dates, times and locations. The process of coordinating invitations includes the participant's input as to who to invite to the meeting(s) and at times and locations of convenience to the participant.

Service planning teams are comprised of people who care about and know the participant. The development process is a collaborative process between the participant and Service Coordinator that includes people chosen by the participant, provides necessary information and support to ensure that the participant directs the process to the maximum extent possible, and is enabled to make informed choices and decisions, and reflect cultural considerations and communication needs of the participant. The participant is present, is encouraged and assisted to participate in every aspect of their service planning as fully as they are able and choose to do so.

The SC/CCS, legal guardians and other participants chosen by the participant (e.g. representatives, family members, providers of service, advocate, specialist, and/or any relevant consultant) participate in the ISP process or parts of the ISP process. Participation includes a copy of the Services Handbook developed by the Division of Developmental Disabilities, reviewing and discussing the needs assessments and identification of health and safety risks; indicate service preferences; helping plan for the future and contributing to supports that will help the participant have the life they want; reviewing and approving the ISP and other documents by signing the ISP;

communicating objections to the ISP; and approving changes or modifications to the ISP or support documents throughout the year, if needed.

- b) The participant's authority to determine who is included in the process: Persons eligible for DD services have a service plan developed prior to the initiation of waiver services. This person-centered plan is individually tailored to address the unique preferences and needs of the participant. Participants in the planning process will be determined by the participant and the legal representative, but must at least include the participant, representatives of their prospective DD provider(s), the SC/CCS, and the legal representative if there is one. The participant may raise an objection to a particular provider representative and the service plan team must attempt to accommodate the objection while allowing participation by provider representatives.
- d. **Service Plan Development Process.** In four pages or less, describe the process that is used to develop the participant-centered service plan, including: (a) who develops the plan, who participates in the process, and the timing of the plan; (b) the types of assessments that are conducted to support the service plan development process, including securing information about participant needs, preferences and goals, and health status; (c) how the participant is informed of the services that are available under the waiver; (d) how the plan development process ensures that the service plan addresses participant goals, needs (including health care needs), and preferences; (e) how waiver and other services are coordinated; (f) how the plan development process provides for the assignment of responsibilities to implement and monitor the plan; and, (g) how and when the plan is updated, including when the participant's needs change. State laws, regulations, and policies cited that affect the service plan development process are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):
  - (a) Who develops the plan, who participates in the process, and the timing of the plan:

Persons eligible for waiver services have a service plan developed prior to the authorization of the initial service package and annually thereafter. Service planning begins no later than 30 days following the eligibility determination with an Individual Family Meeting (IFM) where the SC facilitates the development of a personal focus worksheet with the participant and their family/legal representative. The purpose of this meeting is to gather information about what is important to and for the participant and what supports they need to be safe and healthy while leading the life of their choosing. This meeting is also the opportunity for the SC to explain the participant's individual budget and the available service array, including provider options. Within 45 days of the IFM, the team meets to develop the service plan. This person-centered and self-directed plan is individually tailored to address the unique preferences and needs of the participant. The purpose of the annual service plan meeting is to determine waiver and non-waiver services, interventions, strategies, and supports to be provided to assist the participant to achieve their future plan, or personal goals.

Participants in the planning process are determined by the participant and/or the family or legal representative, if applicable, but must at least include the participant, the SC/CCS,

the legal representative if there is one, and DD provider agency representatives when agency-directed services are provided. The service coordinator/CCS is responsible for scheduling, coordinating, and documenting all service plan meetings, and facilitating the participation of all team members by request of the participant. The SC/CCS elicits and records facts and information from other team members, advocates for the participant, encourages team members to explore differences and discover areas of agreement so that consensus can be reached, documents the service plan and the specific responsibilities of each team member with regard to implementation of services, supports, and/or strategies, and adheres to the electronic processes for service plan development and authorization. Meetings are scheduled at a time and place that accommodates the needs of the participant, the legal representative of the participant (if applicable), the parent(s) (if the participant desires parental involvement in the process), and the chosen advocate of the participant (if applicable). Dates for regularly scheduled service plan meetings are scheduled well in advance to assure attendance by all team members. The participant and/or family receiving services or any other team member of the interdisciplinary team may request a team meeting at any time.

Each participant also directs, with support as needed, their semi-annual service plan. The purpose of semi-annual service plan meeting is to review the implementation of the annual service plan, to document the participant's future plans and personal goals, to explore how the team can assist the participant to achieve those goals, to determine what information is needed to develop appropriate supports to assist the participant to achieve future plans, to assign responsibility for gathering information if needed, and to review any other issues which have impact on the participant's and/or family's life.

- (b) The types of assessments that are conducted to support the service plan development process, including securing information about participant needs, preferences, goals and health status:

The service plan must identify the needs, goals and preferences of the participant and specify how those needs, goals and preferences will be addressed. In order to accomplish that, assessments to evaluate the participant's strengths, capacities and areas needing growth to support the service plan development are determined by the team. These may include, but are not limited to, the Inventory for Client and Agency Planning (ICAP), psychiatric reports, psychological reports and assessments conducted by the provider to further their knowledge of the participant's skills and abilities (e.g., vocational, medication administration, home living skills, communicative intent of behavior, etc.).

Health and welfare is addressed through a variety of assessments that are completed by the provider, SC/CCS, the Education System, and/or Medical Professionals. Assessments include but are not limited to the Developmental Index, multidisciplinary reports, Individual Education Plan reports, medical evaluations, health screens, health assessments, General Event Reports (GER's) and environmental safety checklists.

Service Coordination/CCS staff are required to review completed GER's within 24 hours and follow up if necessary on health and safety concerns. Service Coordination/CCS staff

are also mandatory reporters to Adult Protective Services and Children and Family Services when there is a significant health and safety concern. SC/CCS Supervisors are also required to conduct a stratified sample utilizing data stored in the DDD electronic records system as a means of doing a second level review of the service plans completed to ensure all that health and safety concerns are addressed.

(c) How the participant is informed of the services that are available under the waiver:

The participant is informed of the services that are available under the waiver prior to the initial plan development and annually thereafter at the pre-service plan meeting, also referred to as the Individual Family Meeting (IFM).

Additionally, written information, in the form of a Services Handbook, is provided by DDD SC/CCS staff to the individual, legal representative, and, as applicable, their family about services offered under the waiver program; the participant/guardian rights and obligations; due process rights; providers' roles and responsibilities; for applicable participant-directed service options - how to hire, fire and direct providers; and claims review and verification processes. The Services Handbook is provided to each participant and includes an introduction to the Division of Developmental Disabilities; an introduction to services; the roles and responsibilities of the participant and/or guardian, SC/CCS and provider; and service definitions. The Services Handbook also includes information about rights, responsibilities, and risks; developing a service plan; finding providers; hiring providers; training providers; working with providers; personal safety; and monitoring the service plan; the standards and qualifications providers are expected to meet; an introduction for providers, standards for specific services; and information on authorization and billing.

General information regarding service planning and service options are also available on the DHHS public website, within the Division of Developmental Disabilities tab, and by contacting DDD Central Office. However, the primary source of information for participants and families is received directly from SCs/CCSs both verbally and in the written form described above prior to entry into the waiver services.

(d) How the plan development process ensures that the service plan addresses participant goals, needs (including health care needs), and preferences:

Prior to waiver entrance, an interdisciplinary team develops a detailed annual service plan through assessment, discussion, consensus, and assignment of responsibilities. This must include identification of services and supports to be provided under the waiver program, as well as services and supports to be provided by other non-Medicaid resources. The annual plan includes, as appropriate:

- Employment goals and strategies when the youth is at least 16 years of age;
- Medical information;
- Nutritional considerations;
- As applicable, physical nutritional management plans;
- Adaptive devices, including support and protective devices;

- Physical and nutritional supports;
- Medical conditions and known allergies;
- Medications;
- Rights and rights restrictions;
- Legal needs;
- Finances;
- Identification of basic and other needs, which include:
  - Physical survival
  - Physical comfort
  - Emotional well-being/happiness and personal satisfaction
  - Personal independence and self-care;
- Requested service(s);
- Identification of current providers and a plan to locate needed provider(s), if applicable;
- Description and schedule of strategies, services, and supports to be provided, taking into consideration the participant's personal and career goals and identified needs;
- Identification of the prospective budget amount and the projected monthly cost/utilization of the services and supports to be provided, as well as services and supports to be provided by other non-DD funded resources; and
- Back-up plan, for each participant-directed service, in the event participant-directed services can't be provided or aren't provided as scheduled.

The service plan must identify the needs and personal preferences of the participant and specify how those needs and personal preferences will be addressed. This must include identification of services and supports to be provided under the waiver program, as well as services and supports to be provided by other non-Medicaid resources. The service plan indicates how the team believes that this plan will meet the health and safety needs of the participant. These needs may be met by a combination of agency DD services/supports, participant-directed supports, natural supports, services/supports from other DHHS programs and other services/supports from other non-Medicaid sources. If it is determined that the needs cannot be met under the current plan without posing a threat to the health and safety of the participant, the team will re-consider the appropriateness of the participant's service array and funding source. This may require referral to other services or programs and the development of an alternate plan.

(e) How waiver and other services are coordinated:

Coordination of waiver services includes documentation, referral, and follow-up. The SC/CCS is responsible for coordination and oversight of the delivery of effective services for participants through assessment, service plan development, referral, and monitoring activities. The participant and legal representative, and as applicable, their family determines the level of coordination desired. The SC/CCS may make direct referrals and coordinate related activities to help a participant obtain needed habilitation services, medical, social, educational providers, or other programs and services, and may make referrals to providers for needed services and schedule appointments for the participant. The SC/CCS may provide information about referrals and resources to the participant, legal representative, and as applicable, their family.

The SC/CCS completes monitoring and follow-up activities with the participant, family members, providers, or other entities to ensure that the service plan is effectively implemented and adequately addresses the needs of the participant, and whether there are changes in the needs or status of the participant that warrant making necessary adjustments in the service plan and service arrangements with providers. When requested, the SC/CCS may serve as liaison for the participant and family with service provider and the community.

- (f) How the plan development process provides for the assignment of responsibilities to implement and monitor the plan:

The service plan document identifies the services and supports, schedule of delivery of services and supports, and responsibilities to implement the plan. The SC/CCS Supervisor ensures that the service plan addresses the participant's goals, needs (including health care needs), and preferences by reviewing and approving a stratified sample of annual service plans and annual budgets.

DD provider agency representatives must participate in development of the service plan and take the necessary steps to ensure that the service plan documents the team review, discussions, and decisions. The service coordinator/CCS is responsible for monitoring the implementation of the plan by observing and documenting observations on the service plan monitoring form. Monitoring is completed at a minimum, within 60 calendar days following the first day of implementation of the annual service plan and within 60 calendar days following the semi-annual meeting. SC/CCS staff also complete ongoing monitoring in the environment that waiver services are provided when there are reports of abuse or neglect, health and safety concerns, at the request of the parent or guardian, or any other time when the SC/CCS determines it is necessary to monitor the service delivery.

- (g) How and when the plan is updated, including when the participant's needs change:

At a minimum, the team comes together annually to develop the service plan, and semi-annually to review the service plan. The service plan is updated during the semi-annual service plan meeting, and when circumstances and/or needs change the service plan may be updated following discussion and agreement via an in-person, electronic, or written communication. DDD does not employ temporary or interim service plans; any changes to the service plan are done formally and with full team participation.

**e. Risk Assessment and Mitigation.** Specify how potential risks to the participant are assessed during the service plan development process and how strategies to mitigate risk are incorporated into the service plan, subject to participant needs and preferences. In addition, describe how the service plan development process addresses backup plans and the arrangements that are used for backup.

Assessment is required at least annually in conjunction with development of the service plan to identify the preferences, skills and needs of the person.



Strategies are developed by the team to address areas of risk that are identified through the assessment process. If, for example, it is identified through assessment that a person has the need to have their blood pressure monitored, the team would determine the method for ensuring such monitoring and informal teaching may be provided to enable the person to develop independence in the skills necessary to self-monitor. In addition to the informal teaching, the team would develop a strategy for inclusion in the service plan as a backup plan. The strategy specifies who will be responsible for monitoring the participant's blood pressure and how often it must be monitored.

The following is included in every service plan:

- A description and schedule of waiver services and supports to be provided, taking into consideration the participant's goals, preferences and identified needs;
- The identified provider(s);
- A back-up plan, in the event services can't be provided or aren't provided as scheduled. Back-up plans may include a temporary increase in natural supports, hiring additional on-call providers, etc.
- Documentation of how the team believes that this plan will meet the health and safety needs of the participant. These needs may be met by a combination of agency and participant-directed services, supports, and strategies; natural supports, or services and supports from non-Medicaid programs.

Further assessment may be required based on the outcome of initial assessment. If the team identifies an elevated risk to the participant's health and welfare due to a medical condition, additional steps must be taken to address behavioral or medical risk.

When the team has attempted to manage a behavior unsuccessfully or feel they don't have the information necessary to develop an appropriate behavior management plan, it may be appropriate for assistance from a DDD psychologist to be requested. If any of the following factors exist, a risk assessment should be considered after the team's attempts to manage the behavior have been unsuccessful:

1. The participant has committed at least one physical attack towards another person with intent to inflict severe physical harm; or three moderately aggressive acts which may be described as kicks, blows and shoving that does not cause severe harm to another person.
2. The participant has had sexual contact/conduct with a child or non-consenting adult or other vulnerable person; the sexual contact would include touching or fondling the person as well as physical penetration with a body part or implement or forcing that person to perform sexual acts on self.
3. The participant has committed severe property destruction with the potential for injury to others, including destruction by fire.
4. The participant has had illegal or unsafe social behavior towards others, including prostitution, confrontational theft or robbery, threatening another person with a weapon, kidnapping/false imprisonment, or child enticement.

The primary intent of a risk assessment is to help the team understand the variables which could increase risk so that the team can incorporate these into programming to reduce risk. DDD central office management may determine that behavioral risk services are necessary and oversee the selection of a behavioral risk service provider.

Should a participant be identified as having high-risk health care needs, either at entry to the DDD program or at any time during services, the need for increased support to safeguard the participant's well-being will be determined by designated clinical staff at DDD central office. A referral is completed by the participant's service plan team, which may include the participant's physician, to assist the team in planning, as a guide in giving adequate consideration to health and medical factors, or at the request of DDD central office. If additional services are requested to support health and welfare, DDD central office may choose to assign a DDD Program Specialist RN to conduct a formal health assessment. Medical history, current medical evaluations, and a formal health assessment are considered and recommendations or direction are provided to the team regarding optimal elements to consider when selecting or preparing service environments and treatment options that will best mitigate risks identified and support the participant. DDD Central office management may determine that additional services are necessary and oversee the selection of appropriate service provider (s).

If it is determined that the needs cannot be met under the current service plan without posing a threat to the health and safety of the participant, the team may need to re-consider the appropriateness of the participant's current waiver services. Current services and the provision of services may be adjusted or additional waiver and/or non-waiver services and supports will be accessed as necessary to protect the participant's health and welfare. When health and welfare needs cannot be met within the limits, adjustments, or exceptions, or a referral to another HCBS waiver, non-waiver services and supports will be determined on a case by case basis.

Additional funding may be requested when a waiver participant's needs cannot be safely met with funding solely based on the ICAP score. In the event of a temporary increased service need of the participant, the amount of exception funding is determined administratively based on clinical information provided by the team. The cost of provider supports to mitigate any risks identified in clinical assessments is added to the base funding determined by ICAP.

Back up arrangements for the delivery of residential or day habilitation services by the DD provider agency are described in the provider's policies and procedures. Each agency has on-call or substitute staff available when a staff person fails to appear for work. Agency staff and/or parents have contact information for the DD provider agency's Manager or Coordinator who is responsible for scheduling and assigning on-call staff. Information about back-up plans for the delivery of residential or day habilitation services is provided by the DD provider agency to the participant and family or legal guardian when the DD agency provider is selected and documented in the service plan. A back-up plan is required in each participant's service plan. The need for and type of back up is discussed at the service plan meeting and documented in the service plan. Consideration is given to the natural supports that may be available to fill

in and the availability of other enrolled providers in the community who could deliver services. Multiple independent providers may be enrolled as back up or substitute providers.

DD providers are also expected to have disaster plans developed and documented so provider staff are aware of expectations during such a time. Such plans should include where services should be provided if a disaster occurs, what necessary materials or equipment is needed for specific health or behavioral needs, and who needs to be contacted in cases of emergency.

**f. Informed Choice of Providers.** Describe how participants are assisted in obtaining information about and selecting from among qualified providers of the waiver services in the service plan.

Nebraska's services for participants with developmental disabilities are voluntary, both for the participant and the provider. Choice of providers and services is based on mutual consent. Nebraska has regulations and processes in place to ensure participants are provided information about DD services and providers to facilitate informed decisions. DHHS offices are located throughout the state to provide a statewide system of service coordination. The DDD public website includes information about the Division's responsibilities, service coordination, services funded by the Department of Health and Human Services (DHHS) and DDD, certified DD provider agencies, and non-certified independent providers as well as links to other resources for individuals and families.

The service coordinator provides the participant, and/or the family or legal representative, if applicable, information about or web addresses or links to local community services and supports, service coordination, services funded by DHHS and DDD, currently certified DD provider agencies, and non-certified independent providers.

Information about local community services and supports, and how to access available services is provided to participants determined to be eligible for DDD services at the time of eligibility determination and ongoing thereafter at service plan meetings and more frequently as needed. Answers4Families is an internet family information and resource center, developed by DHHS in partnership with the University of Nebraska Center on Children, Families, and the Law. Nebraska 2-1-1 is an internet and phone comprehensive database that can be used to find health and human services. E-mail discussion groups are available and the directory (Nebraska Resource and Referral System) includes over 8,000 providers of services and supports in the state. Feedback on the site can be given instantly, with corrections the next business day, and every resource is updated every six months.

Ready, Set, Go!: is a web-based series of materials and resources intended to assist in making decisions about supports for young adults with intellectual or developmental disabilities as they move from high school to adult life.

Service coordination/CCS staff may assist the participant, family, and/or legal guardian to arrange interviews with potential providers. Service coordination staff may assist the participant, family, and/or legal guardian to arrange tours of potential DD agency providers. Families often draw from their personal networks of family members not living in the

household, friends, neighbors, teachers, paraprofessional/teacher's aides, church members, and local college students in order to select independent providers for participant-directed services.

When the participant is considering assistive technology and supports, home modifications, and/or vehicle modifications, the SC/CCS makes a referral to an approved provider to ensure that the referral is an appropriate referral, based on the service definition of the applicable service and the provider's established protocols. The ATS, home modification, and vehicle modification service includes:

- An assessment report, which is a summary of needs and current support; recommendations; cost estimate and cost coordination, if needed; and hiring and oversight of subcontractor;
- If applicable, documentation of the orientation to and training on how to use the assistive equipment/support, which may include the delivery and/or installation dates;
- Copy of signed subcontractor bill and signed consumer acceptance form; and
- Narrative summary.

**g. Process for Making Service Plan Subject to the Approval of the Medicaid Agency.**

Describe the process by which the service plan is made subject to the approval of the Medicaid agency in accordance with 42 CFR §441.301(b)(1)(i):

The Department of Health and Human Services is the State Medicaid Agency for Nebraska, and the Division of Developmental Disabilities (DDD) is a Division of the Medicaid agency. All functions related to service plan approval are completed by DDD staff. All annual service plans are read and reviewed by the designated SC Supervisor within ten business days from the date the service plan meeting.

**h. Service Plan Review and Update.** The service plan is subject to at least annual periodic review and update to assess the appropriateness and adequacy of the services as participant needs change. Specify the minimum schedule for the review and update of the service plan:

- ☐ Every three months or more frequently when necessary.
- ☒ Every six months or more frequently when necessary.
- ☐ Every twelve months or more frequently when necessary.
- ☐ Other schedule.

**i. Maintenance of Service Plan Forms.** Written copies or electronic facsimiles of service plans are maintained for a minimum period of 3 years as required by 45 CFR §92.42. Service plans are maintained by the following (*check each that applies*):

All service plans are located within DDD's electronic record system. Providers have a portal to the electronic record system and are able to view the service plan.

- ☒ Medicaid agency (DHHS)
- ☒ Case manager

- ☐ Operating agency  
☐ Other

## **D-2: Service Plan Implementation and Monitoring**

- a. Service Plan Implementation and Monitoring.** Specify: (a) the entity (entities) responsible for monitoring the implementation of the service plan and participant health and welfare; (b) the monitoring and follow-up method(s) that are used; and, (c) the frequency with which monitoring is performed.

- (a) The entity (entities) responsible for monitoring the implementation of the service plan and participant health and welfare.

Service coordination staff, which is the Service Coordinator (SC) or Community Coordinator Specialist (CCS) is responsible for in-person, on-site monitoring of the participant's health and welfare and monitoring of the implementation of the service plan. Service Coordination staff also monitors to ensure that the participant resides and/or receives services in a setting that meets the HCBS regulations and requirements.

- (b) The monitoring and follow-up method(s) that are used.

SCs/CCSs conduct monitoring ongoing and continuously via phone calls and onsite visits with participants, both at their homes and at service provision sites. Required minimum monitoring must occur within 60 calendar days after the start of the annual ISP year and within 60 calendar days after the Semi Annual ISP review meeting.

Monitoring can take the form of face-to-face meetings or telephone calls with the participant, guardian, involved family members, the advocate or contacts on behalf of the participant, reviews of paperwork, such as financial records, medication records, etc. A review of services may include a review of programmatic data, observation of training programs being implemented, observation of interactions between staff and the person whose service plan is being reviewed and/or review of any other documentation or communication available to verify that the Plan has been implemented as written. A standardized DDD monitoring template is used by SCs/CCSs whenever they are conducting face-to-face monitoring.

Following annual and semi-annual service plans, a review of all components of the service plan is conducted to ensure:

- a. Delivery of services, supports, and strategies in accordance with the service plan;
- b. Access to waiver and non-waiver services identified in the service plan;
- c. Free choice of provider(s);
- d. Determination that services meet participant/family needs;
- e. Effectiveness of back-up plans, if applicable and utilized;
- f. Health and welfare; and
- g. Physical nutritional management.

Follow-up and remediation process for issues discovered during monitoring:

Observations made during a review or "in passing" are documented. Concerns will be discussed with the provider support staff who is working with the participant. If at any time it is noted that supports or services are not being provided as noted in the plan, the SC will speak directly to the provider staff on duty to reach a resolution. Anytime a concern is noted on the monitoring form, follow up is required. Follow up should occur with the provider agency on how to provide resolution or address the concern noted on the monitoring form. The follow up could occur by phone, written in a letter/email, or in person. The SC will document the follow up completed on the monitoring form and in that participant's case notes. The provider will have up to 10 calendar days to respond to the SC in writing.

If determined necessary, any of the following steps may be taken:

- a. Initiation of any action necessary to ensure the delivery of services and progress toward achieving outcomes. Necessary action includes reconvening the team if a change in the service plan is necessary.
- b. A semi-annual in-person review of the service plan by the SC/CCS and the team. The team must review progress, implementation of the service plan, and the need for any revisions to the service plan.
- c. Addressing concerns with the provision of services, including but not limited to delays in implementing any aspect of the service plan or failure to adequately implement the service plan as written.
- d. When a pattern is detected of inappropriate or inaccurate claims by a provider, a referral is made to the DHHS Program Integrity Unit.

Should immediate safety concerns be evident, the concern will be expressed verbally to appropriate personnel to prevent the participant or others from being harmed. If it is necessary for the SC/CCS to intervene to ensure the health and/or safety of the participant, such incidents will be immediately discussed with the SC/CCS Supervisor. Suspected abuse or neglect will be reported to DHHS Adult Protective Services and Child Protective Services as appropriate. The SC/CCS will document health and safety concerns in the case notes and complete a General Event Report (GER) as necessary. Please refer to Appendix G for a detailed description of DDD's critical incident management system.

Service coordination/CCS observations during the delivery of participant-directed services are discussed with the participant and/or family, as appropriate, and the provider, as appropriate, as soon as possible, and followed through to resolution. If resolved at this level, resolution will be documented on the monitoring tool or in SC/CCS case notes. A team meeting may be called to respond to monitoring issues and to adjust the service plan if necessary.

Concerns that do not involve immediate threats to health and welfare are noted by SC/CCS staff during on-site or any interaction with the delivery of agency-directed services will be discussed with appropriate provider agency staff as soon as possible. If resolved at this level, the resolution is documented in the SC/CCS case note. If the issue is not resolved,

the SC/CCS will complete a Service Review Memo and send it to the provider agency staff supervisor and the SC/CCS' supervisor (SCS). A response is requested within ten days from receipt of the memo.

When a written response is received, the SC/CCS will review it to ensure that the action taken will correct the problem. If the response is not adequate or no response is received, the SC/CCS will contact the person to whom the Service Review Memo was sent to find out the status of the response. If the response was inadequate, the SC/CCS may add comments made by the staff person to the response. If the response is still inadequate, the SC/CCS will copy the written documentation of noted concerns and send it to his/her immediate supervisor. If no response was received and the staff person indicates when a response will be sent, the SC/CCS will review the issue with their Supervisor to determine the necessity of contacting the supervisor of the provider agency staff responsible for making changes or corrections to alleviate the concerns. The SC Supervisor will notify the SC/CCS with the results of the contact and the SC/CCS will document in the narratives. The issues must be addressed in writing. A response within ten days will be requested if the issue has not been resolved. When a response is received, the Supervisor and SC/CCS will review the response to ensure that it meets the expectations in correcting the problem. If no response or an inadequate response is received, the SCS will copy the written documentation of noted concerns and send it to the Service District Administrator (SDA) or their designee.

The SDA or designee will contact the Area Director of the provider agency to develop a mutually agreed-upon plan of action. If no resolution is achieved, or if trends show that the problems are recurring (such as "no ongoing habilitation provided," "programs not run as written," "programs not run at all," etc.) the SDA or designee will inform the DDD Central Office of the problems. Central Office staff will review the concerns to determine what steps to take and will notify the SDA or designee. Central office staff may provide consultation/technical assistance to the DD provider agency, perform a focused certification or contract compliance review specific to the delivery of services to an individual or provider setting, or initiate the complaint process described in Appendix F as necessary.

During certification reviews conducted by the Division of Public Health (DPH) DD Surveyors, the service plan is reviewed using the Core Sample Record Audit and, if behavior modification is a part of the service plan, the Core Sample Review Checklist. Certification reviews are conducted annually, biennially, or more frequently as determined by DDD management staff.

In addition, the service plan is reviewed and updated annually to determine if the plan developed and implemented by the team meets the participant's needs. Areas reviewed include but are not limited to health, safety, habilitation, community membership and personal goals. The service plan identifies services, supports, interventions and strategies to be provided by the DD provider agencies as well as services provided by participant-directed independent providers of DD services. When non-compliance issues are identified with the provider agency, the types of action that may be taken range from citing a

deficiency to termination of the provider agency. The general action taken is a citation of a deficiency and the provider must provide an acceptable plan of improvement that addresses the issues cited for those participants identified in the sample as well as address the issue cited on a system level within the agency provider.

The information derived from monitoring the implementation of the service plan and review of the service plan is entered into a database. Designated DHHS staff members have access to the database and may query the data to identify problems and trends.

(c) The frequency with which monitoring is performed.

Service Coordination staff, the SC or CCS, will verify, through ongoing monitoring efforts, that the services and supports provided continues to be effective in preventing recurring problems. The SC/CCS monitors the implementation of each service plan. This oversight has long been a part of the regulations, policies, and expectations regarding the role of service coordination in monitoring. In-person and on-site full reviews are conducted at least twice annually- one within 60 calendar days of the annual service plan being implemented, and the other within 60 calendar days of the semi-annual service plan meeting for each person in services. Ongoing in-person and on-site monitoring is conducted between the full monitoring when there are reported health and safety concerns, reports of abuse or neglect and/or when requested by a parent and/or guardian, or any other time when the SC/CCS determines it is necessary to monitor the service delivery. The current on-site monitoring tool is designed to review the implementation of the total service plan after both the annual and semi-annual team meetings. Between these full monitorings, the SC/CCS conducts ongoing informal monitoring on-site and in-person. During each of these monitoring sessions, the SC/CCS may choose to scrutinize only those items that surfaced as concerns during the semi-annual monitoring activities to check that the concerns have been remediated. However, this does not obviate the SC/CCS from having the responsibility to ensure that service plan implementation, health and safety, environmental factors, personal well-being and issues related to community integration are adequate to meet the needs of the participant.

Because all monitoring forms are stored in the DDD electronic records system, SC Supervisors are able to, and do, conduct regular and routine trend analysis of monitoring data. At minimum, SC Supervisors must conduct a trend analysis of all recorded monitoring findings for each provider in their geographic service on a semi-annual basis. Threshold concerns are reviewed with the local DDD Field Office Administrator and brought to the attention of DDD Central Office Senior Field Office Administrator and the DPH licensing unit as needed.

**b. Monitoring Safeguards. Select one:**

☒ Entities and/or individuals that have responsibility to monitor service plan implementation and participant health and welfare may not provide other direct waiver services to the participant.



☐ Entities and/or individuals that have responsibility to monitor service plan implementation and participant health and welfare may provide other direct waiver services to the participant.

## Quality Improvement: Service Plan

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

### a. Methods for Discovery: Service Plan Assurance/Sub-assurances

#### i. Sub-Assurances:

**a. Sub-Assurance: Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.**

1. Number and percent of participants reviewed for whom all personal goals have been addressed in the Service Plan. Numerator = number of participants for whom all assessed personal goals have been addressed in the Service Plan; Denominator = number of participants reviewed.

Data Source:

- ☐ Record reviews, off site  
☒ Record reviews, on site

#### Service Coordination Monitoring

Responsible Party of data collection/generation (check each that applies)	Frequency of data collection/generation (check each that applies)	Sampling Approach(check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample: Confidence Interval= 95% confidence interval with +/- 5% margin of error.
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified: Describe Group
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other (specify) 8% Proportionate random sample
	<input type="checkbox"/> Other (specify)	

Data Source:

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis ( <i>check each that apply</i> )	Frequency of data aggregation and analysis ( <i>check each that apply</i> )
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Agency	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other ( <i>specify</i> )	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other: ( <i>specify</i> )

2. Number and percent of participants reviewed for whom all assessed needs (including health and safety risk factors) have been addressed in the Service Plan. Numerator = number of reviewed participants for whom all assessed needs have been addressed in the Service Plan; Denominator = number of participants service plans reviewed.

Data Source:

- ☐ Record reviews, off site  
☒ Record reviews, on site

Service Coordination Monitoring

Responsible Party of data collection/generation ( <i>check each that applies</i> )	Frequency of data collection/generation ( <i>check each that applies</i> )	Sampling Approach( <i>check each that applies</i> )
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample: Confidence Interval= 95% confidence interval with +/- 5% margin of error.
<input type="checkbox"/> Other ( <i>specify</i> )	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified: Describe Group
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other ( <i>specify</i> ) 8% Proportionate random sample
	<input type="checkbox"/> Other ( <i>specify</i> )	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis ( <i>check each that apply</i> )	Frequency of data aggregation and analysis ( <i>check each that apply</i> )
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Agency	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other ( <i>specify</i> )	<input type="checkbox"/> Annually

	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other: <i>(specify)</i>

**b. Sub-assurance: The State monitors service plan development in accordance with its policies and procedures.**

1. Number and percent of service plans that contain all required information as per NE DDD rules and operational guidelines. Numerator = number of service plans reviewed that contain required information as per NE rules and operational guidelines; Denominator = number of service plans reviewed.

Data Source:

- ☐ Record reviews, off site  
☒ Record reviews, on site

**Service Coordination Monitoring**

Responsible Party of data collection/generation (check each that applies)	Frequency of data collection/generation (check each that applies)	Sampling Approach(check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample: Confidence Interval= 95% confidence interval with +/- 5% margin of error.
<input type="checkbox"/> Other <i>(specify)</i>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified: Describe Group
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other <i>(specify)</i> 8% Proportionate random sample
	<input type="checkbox"/> Other <i>(specify)</i>	

	<input type="checkbox"/> Other <i>(specify)</i>	

**Data Aggregation and Analysis:**

Responsible Party for data aggregation and analysis (check each that apply)	Frequency of data aggregation and analysis (check each that apply)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Agency	<input checked="" type="checkbox"/> Quarterly

<input type="checkbox"/> Other ( <i>specify</i> )	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other: ( <i>specify</i> )

2. Number and percent of participants reviewed whose file indicated the participant or legal representative was involved in the development of the Service Plan. Numerator = Number of participants whose file indicated the participant or legal representative was involved in the development of the Service Plan; Denominator = number of participants reviewed.

Data Source:

☐ Record reviews, off site

☒ Record reviews, on site

Service Coordination Monitoring

Responsible Party of data collection/generation ( <i>check each that applies</i> )	Frequency of data collection/generation ( <i>check each that applies</i> )	Sampling Approach( <i>check each that applies</i> )
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample: Confidence Interval= 95% confidence interval with +/- 5% margin of error.
<input type="checkbox"/> Other ( <i>specify</i> )	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified: Describe Group
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other ( <i>specify</i> ) 8% Proportionate random sample
	<input type="checkbox"/> Other ( <i>specify</i> )	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis ( <i>check each that apply</i> )	Frequency of data aggregation and analysis ( <i>check each that apply</i> )
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Agency	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other ( <i>specify</i> )	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other: ( <i>specify</i> )

**c. Sub-assurance: Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.**

- 1 Number and percent of participants reviewed whose Service Plans were revised, as needed, to address changing needs. Numerator = number of participants whose Service Plans were revised, as needed, to address changing needs; Denominator = number of participants reviewed.

Data Source:

☐ Record reviews, off site

☒ Record reviews, on site

**Service Coordination Monitoring**

Responsible Party of data collection/generation (check each that applies)	Frequency of data collection/generation (check each that applies)	Sampling Approach(check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample: Confidence Interval= 95% confidence interval with +/- 5% margin of error.
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified: Describe Group
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other (specify) 8% Proportionate random sample
	<input type="checkbox"/> Other (specify)	

**Data Aggregation and Analysis:**

Responsible Party for data aggregation and analysis (check each that apply)	Frequency of data aggregation and analysis (check each that apply)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Agency	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other: (specify)

2. Number and percent of participants reviewed whose Service Plans were reviewed and revised on or before the annual review date. Numerator = number of

participants whose Service Plans were reviewed and revised on or before the annual review date. Denominator = number of participants reviewed.

Data Source:

- ☐ Record reviews, off site  
☒ Record reviews, on site

#### Service Coordination Monitoring

Responsible Party of data collection/generation (check each that applies)	Frequency of data collection/generation (check each that applies)	Sampling Approach(check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample: Confidence Interval= 95% confidence interval with +/- 5% margin of error.
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified: Describe Group
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other (specify) 8% Proportionate random sample
	<input type="checkbox"/> Other (specify)	

#### Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that apply)	Frequency of data aggregation and analysis (check each that apply)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Agency	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other: (specify)

**d. Sub-assurance: Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.**

1. Number and percent of participants reviewed whose service plan indicated services were delivered in accordance with the specified type, scope, amount, duration and

frequency. Numerator = number of participants whose service plan indicated services were delivered in accordance with the type, scope, amount, duration and frequency as specified in the service plan. Denominator = number of participants reviewed.

Data Source:

- ☐ Record reviews, off site  
☒ Record reviews, on site

Service Coordination Monitoring

Responsible Party of data collection/generation (check each that applies)	Frequency of data collection/generation (check each that applies)	Sampling Approach(check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample: Confidence Interval= 95% confidence interval with +/- 5% margin of error
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified: Describe Group
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other (specify) 8% Proportionate random sample
	<input type="checkbox"/> Other (specify)	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that apply)	Frequency of data aggregation and analysis (check each that apply)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Agency	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other: (specify)

**e. Sub-assurance: Participants are afforded choice: Between/among waiver services and providers.**

1. Number and percent of participants reviewed whose annual service plan documents that the participant and/or legal representative was provided with a choice of waiver services and providers. Numerator = number of participants whose annual service plan

indicated participants were given a choice of providers and services; Denominator = number of participants reviewed.

Data Source:

- ☐ Record reviews, off site  
☒ Record reviews, on site

Service Coordination Monitoring

Responsible Party of data collection/generation (check each that applies)	Frequency of data collection/generation (check each that applies)	Sampling Approach(check each that applies)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample: Confidence Interval= 95% confidence interval with +/- 5% margin of error.
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified: Describe Group
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other (specify) 8% Proportionate random sample
	<input type="checkbox"/> Other (specify)	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that apply)	Frequency of data aggregation and analysis (check each that apply)
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Agency	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other: (specify)

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

In Nebraska, the service plan for participants of this waiver is known as the Individual Support Plan (ISP). The Service Coordinator (SC) or Community Coordinator Specialist (CCS) is responsible for facilitation and development of the service plan.



The SC/CCS Supervisor reviews the on-line initial service plan for each waiver participant to ensure it meets the waiver and regulatory standards. The process was developed to also ensure the service plan is completed in accordance with timelines and to aggregate the results to identify issues at various levels of the DDD.

The SC/CCS considers assessment information, the participant's personal goals, and the service plan to determine if the services defined flow from the assessments and personal goals. This on-line review includes not only the waiver services, but also the non-waiver services and other natural and community supports identified in the service plan.

If issues (e.g., institutionalized more than 30 days, loss of Medicaid eligibility, or failure to utilize waiver services) are identified by the system or DDD staff that will affect the waiver status of the participant, the SC/CCS is notified and addresses the issues. Failure to address the issues may result in the removal of the person from the waiver. Correction of the areas of concern may allow the participant to be maintained on the waiver or to be put back on the waiver, if they had lost their waiver support. Other issues that do not effect waiver funding are available to the SC/CCS responsible for the development of the service plan and their supervisor in reports in the web-based case management system.

To allow for increased state oversight of the service plan review process, the responses are entered into a database in the web-based case management system. The database allows for SC/CCS Supervisors and DD staff responsible for program accuracy reviews and QA/QI to have access to the information in aggregate form to look at the performance of individual SCs/CCSs. Quarterly on-site file reviews are conducted by Supervisors. The annual proportionate random sample size for on-site reviews is 8%. Additionally, DDD Central Office quality staff annually conduct off-site file reviews for an additional 3% proportionate random sample to verify the work of the field supervisors. The Raosoft calculator is used to ensure sample sizes are sufficient for a confidence level of 95%.

In addition, the SC/CCS monitors the implementation of each service plan in its entirety twice annually in addition to the ongoing monitoring of the service plan which may involve specific areas of the service plan within each monitoring session.

Monitoring mechanisms include:

1. A review of all components of the service plan to ensure delivery of services as specified by the service plan;
2. Initiation of any action necessary to ensure the delivery of services and progress toward achieving outcomes. Necessary action includes reconvening the team if a change in the service plan is necessary; and
3. A semi-annual review of the service plan by the service coordinator and the service plan team. The team reviews progress, implementation of the service plan, and the need for any revisions to the service plan.

The monitoring process is designed to review the implementation of the total plan after both the annual and semi-annual team meetings. Between these full monitoring's, the SC/CCS conducts ongoing monitoring in the environment that waiver services are

provided when there are reports of abuse or neglect, health and safety concerns, at the request of the parent or guardian, or any other time when the SC/CCS determines it is necessary to monitor the service delivery. This will allow for focused monitoring if issues have been raised or are noted during the time of the monitoring.

To allow for state oversight of the monitoring process, responses on the service plan monitoring forms are entered into a web-based database. This allows individual SCs/CCSs to track issues that are yet unresolved and provide aggregate information for SC/CCS Supervisors, program accuracy and/or QA/QI staff, and the DDD central office management. The information is useful for looking at the performance of individual SCs, CCSs, and providers, as well for identifying any area-wide issues. This information is reviewed and acted on, as appropriate, at the Field office level by a supervisor and/or administrator.

**b. Methods for Remediation/Fixing Individual Problems**

- i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

If financial eligibility issues are discovered that will affect the participant's waiver eligibility status, the SC/CCS is notified and given a date to respond. The date of response is determined by the SC/CCS supervisor and varies between 5 and 10 working days, based on the nature of the issue. Failure to receive corrections may result in the removal of the person from the waiver, and correction of the areas of concern may allow the person to be maintained on the waiver or to be put back on the waiver if they had lost their waiver status. There is no gap in services to the participant; services are funded by state general funds to ensure continuation of services, health, and safety.

The SC/CCS monitoring process is designed to review the implementation of the total plan after both the annual and semi-annual team meetings. Between these full monitoring's, the SC/CCS conducts ongoing monitoring in the environment that waiver services are provided when there are reports of abuse or neglect, health and safety concerns, at the request of the parent or guardian, or any other time when the SC/CCS determines it is necessary to monitor the service delivery. This will allow for focused monitoring if issues have been raised or are noted during the time of the monitoring.

To allow for state oversight of the monitoring process, responses on the service plan monitoring forms are entered into a web-based database. This allows individual SCs/CCSs to track issues that are yet unresolved and provide aggregate information for SC/CCS Supervisors, program accuracy and/or QA/QI staff, and the DDD central office management. The information is useful for looking at the performance of individual SCs, CCSs, and providers, as well for identifying any area-wide issues. This information is reviewed and acted on, as appropriate, at the local level.

When issues or problems are discovered during a SC/CCS monitoring, the participant's SC documents on the monitoring form a plan to address the issues identified. The plan to address issues may include a team meeting, the facilitation of sharing information between the participant, manager of services, and/or providers, etc. A timeline to address the issues and/or a service plan team meeting date is noted on the monitoring form as well as whether the issues were resolved within the timeline.

When a pattern is detected of inappropriate or inaccurate claims, a referral is made to the DHHS Program Integrity Unit.

DRAFT